

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023205

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

463

STATE FILE NUMBER

FILED JUL 11 1963

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		c. CITY OR TOWN Stover	
c. FULL NAME OF (If NOT in hospital, give location) University of Missouri Medical Center		d. STREET ADDRESS (If outside, give location) General Delivery	
3. NAME OF DECEASED (Type or print) Julius Louis Klindworth		4. DATE OF DEATH Month July Day 7 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 6, 1974
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (City and state or country) Morgan County, Missouri	
13a. FATHER'S NAME Louis Klindworth		13b. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT University of Missouri Medical Records	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gram negative rod septicemia DUE TO (b) Acute pyelonephritis DUE TO (c) Chronic pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 7-3-63 to 7-7-63 and last saw him alive on 7-7-63 Death occurred at 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Larry Chapman M.D.		22b. ADDRESS 1801 MO. Medical Center	
22c. DATE SIGNED 7/7/63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE July 10, 1963		23c. NAME OF CEMETERY OR CREMATORY STOVER CEMETERY	
23d. LOCATION (City, town, or county) STOVER MO.		25. DATE RECD. BY LOCAL REG. July 7, 1963	
26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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Rev. 4/59

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(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. L. Stevenson
Licensed Embalmer No. 4073

P. O. Address Stover Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.